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—OF—

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By a recovery from insanity I mean not simply an ability to live at home, under the protection and watchful care of friends, or to make a will devising property, or to testify as to a matter of fact in court, or to know right from wrong, or to count ten, but a restoration to a state of mental soundness in which the individual is as he was in all respects previous to his insanity. It is not my purpose to discuss at length the possibility of this in the abstract, although much has been said with great force and pertinency upon both sides of the question. However we may theorize we are daily confronted with the clinical fact that such restorations do occur. We constantly meet patients who have been restored to sanity, and who lead honored and useful lives; whose minds, in fact, are more active and whose mental horizon is wider than before the attack of mental disease. The most satisfactory explanation, to my own mind, of the completeness of these recoveries is found in the rich endowment of the grey matter of the brain with nerve cells. They are counted by millions, and are practically limitless in number. A certain number of them are unquestionably destroyed by each and every intellectual process, but the supply being boundless, active mental labor, in the great majority of cases, is possible to extreme old age. In comparatively few cases senile dementia proclaims the exhaustion of the brain-cells before the bodily powers are spent. In the

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vast majority of instances, however, the body wears out before the mind, and reason, logical thought, volition and memory are manifested up to the close of life. However severe the draft upon the brain-cells by reason of the morbid mental activity of mania or melancholia, an abundance of unexhausted cells unquestionably remains capable of normal activity after the storm of insanity has passed over. To recruit the brain by rest and nutrition, so that these undiseased cells may assume and persist in healthy mental action, is the task which the physician is called upon to perform during the stage of convalescence from any attack of insanity.

What, then, marks the recovery from an attack of mental disease, and what are the data which assist in the solution of what is frequently a most difficult problem for the alienist? Although the phraseology may differ, all authors substantially agree that the following constitute the pre-requisites of a good recovery: There should be present—

1. A healthy state of the emotional nature;
2. Freedom from delusions, hallucinations, or other intellectual or sensory disturbances;
3. Ability to exercise self-control under the ordinary wear and tear of life.
4. Sufficient good judgment, endurance and mental vigor to enable the individual to resume former cares and responsibilities, or to assume his former position in life.

The emotional nature suffers first in every attack of insanity, and as might naturally be presumed, is one of the last mental functions to be fully restored. The explanation is not far to seek. The emotions are on the surface and disassociated from the intellectual life, but nearly allied to the active, executive or volitional, life of the person, and hence are much more easily

stirred than the intellectual faculties. This is especially true in persons who do not possess much culture or mental training, who think seldom but feel many times a day. It consequently often happens that when delusions are no longer retained, or cease to control the conduct, an emotional instability may still persist to render a longer period of treatment necessary, or even to cloud the prognosis. In some instances, in fact, the tendency to emotional disturbance never entirely passes away, and the recovery is perfect in all particulars but this single one. In such cases there is reason to fear the ultimate development of organic brain-disease. It is self-evident that the mind of a recovered patient should be free from manifest intellectual or sensory disturbances in the form of delusions, hallucinations or any other false ideas. It is, however, important to go farther, and to say that he ought to be able to recognize his former condition of insanity, including the logical inference that he has had delusions. If asked whether or not this is generally done, I shall have no hesitation in saying yes, but I can not affirm that the rule is invariable. Many persons have false ideas of the necessity of seeming to be consistent, and will not compromise themselves enough to acknowledge that they have ever suffered from actual insanity. They acknowledge that they may have talked loudly or behaved strangely, but readily explain that they were suffering from a cold or a fever, or were righteously angry with friends, or under the influence of alcoholics, or in a "trance," and humbly confess to anything but insanity. Sometimes mysterious ways are assumed, and vague intimations given that a flood of light could be thrown upon the whole matter to the great scandal of friends and enemies; but in the truly convalescent patient this light remains forever hid, and nothing more

is heard of these pretended revelations after he is discharged from the asylum. The ability to recognize delusions is often absent even in assured convalescence, because many patients have been wrongly educated, or entertain false beliefs, like a faith in spiritualism, witchcraft or other unseen agencies, and are unable to judge of evidence. With these, morbid religious sentiments are not recognized to be morbid, and are not struggled against because they correspond closely with former religious beliefs, which are held from force of habit. The same is also true of the hallucinations of the believer in spiritualism and witchcraft. It can not be expected that he will correct them because his standard of correct judgment is lost. His mind at best has a debatable region where reason and superstition contend for the mastery, which the alienist should not enter. His normal personality is abnormal to every one else, and this view must be accepted when a judgment is formed as to his recovery. Again, patients are frequently met with who do not possess sufficient education or power of reflection to permit them to analyze mental phenomena or to formally recognize delusions. Like many so-called medical experts they simply recognize the presence of insanity but are unable to go into particulars. Other persons are by nature untruthful, and will not acknowledge an erroneous belief when secretly convinced of its falsity. Can we insist in every case that the delusion be formally recognized and as formally renounced? Clearly not. The moral character of the individual, his mental training, his previous education, his habits of thinking or of *not* thinking, his religious training—these and similar factors need to be taken into account when considering the question of recovery. Some persons can not recognize that they have been insane because they will not; others more candid are wholly unable to do so.

An ability to exercise self-control, and to maintain composure under the ordinary emergencies of life, depends largely upon temperament, previous habits of thought and action, and the degree of mental discipline of the individual. The fervent disciple who becomes emotional and responsive in the weekly class-meeting, or who is moved to tears by the plain every-day appeals of the poverty-stricken, or who is imposed upon by rank impostors, should be judged by a different standard from the man of iron who remains impassive under the most terrible calamities or bereavements. An emergency to one man stirring his whole nature profoundly seems but a trifle to another. I knew a patient who, subsequently to his discharge from the asylum, bore up under an arrest for the suspected murder of a brother, a brother's wife and their two children, and also his own mother, and came out of the trying ordeal, when his innocence was established, without any return of mental disease. I knew another, no less convalescent when discharged, who broke down and suffered from a severe attack of melancholia, which lasted many months, because a son-in-law had been arrested on suspicion of having committed a burglary. The habits of self-discipline acquired in an asylum undoubtedly afford safe-guards against future attacks which were lacking when the first attack was developed. Asylum life is also educational to many patients, by supplying additional topics of thought, new motives for action and more correct views of life—thus enlarging the mental scope of the uneducated or half-educated individual. Still, with all these safe-guards relapses are frequent among recovered patients, and many are unable to endure any long-continued strain upon the mental or nervous energies, although fully recovered when discharged.

How soon should the patient recover, and when may the limit of curability be said to have been passed? The duration of insanity varies widely with individuals and in different forms of disease. Some persons possess great persistency of purpose which works to their disadvantage when wrongly directed, and cling to morbid ideas with great tenacity. Others are easily influenced and relinquish false impressions very readily. Simple, uncomplicated cases of acute mania ought to convalesce under ordinary circumstances in a few weeks, and uncomplicated cases of melancholia in a few weeks or months. There are many cases, however, when restoration to health is a much more tedious process. When I was connected with the asylum at Kalamazoo, I knew a case of melancholia, characterized by extreme restlessness and dominant ideas of unworthiness, who made a complete recovery after a period of ten years, and who has remained well for nearly fifteen years past. His return to his family was very much like the return of Rip Van Winkle, and his astonishment at the growth and development of his children was pathetic. Such cases are not infrequent, and their full restoration after many years of mental distress is to be explained only on the supposition that the derangement of mental function was dependent upon some inhibitory process going on within the nerve cells. I conversed a few days since with a lady who was convalescing from a severe attack of melancholia of eighteen months duration, who fortunately possessed much culture and mental discipline, and was fully able to describe morbid mental states. She told me that her state of mind seemed to be like a mental torpor. A black pall covered everything, and rendered all natural feeling impossible. She had a predominant impression that her husband was dead and her children scattered, but

was like one dead, and could not remember anything during her convalescence beyond the fact that it was a season of horror and thick darkness. This class of cases of melancholia unquestionably has a much more tedious convalescence than when the delusions are more active and the mental distress acute. Recoveries from maniacal excitement of long duration are much more rare. Yet to use the language of the eminent divine who discoursed upon the penitent thief, "a *few* cases are given to the alienist to the end that no person may too rashly hope, nor on the other hand utterly despair." Two cases of this character may not be uninteresting in this connection:

E. W., female, aged 50, possessed a strong hereditary tendency to mental disease, and was from childhood excitable and peculiar. In mature years she married a gentleman of advanced age, who was in delicate bodily health. As both possessed infelicities of temper the union was unhappy, and much domestic discord resulted from it. Her husband ultimately failed in business, and the disaster swept away her own little property. She became depressed, reluctant to see company, dissatisfied with her position in life, soured and embittered. This condition continued many months, and terminated in an attack of maniacal excitement. During this she was admitted to the asylum at Kalamazoo in May, 1875. She remained in delicate bodily health, and constantly disturbed in mind for about eighteen months. When her excitement subsided she retained fixed, systematized delusions. She believed that she had been put to death by poison, but miraculously restored to life; that her brother who died in infancy had been gloriously resurrected, and that her own little son had been born as a Redeemer, and was now "Christ again manifest in

the flesh." When transferred to the asylum in Pontiac in 1878, she retained these delusions in full force, and was completely dominated by them. She continued incoherent in conversation and lacking in self-control until 1880, when, as a result of a timely renewal of home associations, she dropped her delusions and rapidly convalesced. In May, 1881, just six years to a day from the date of her admission to the asylum, and more than seven years from the date of the commencement of mental derangement she was discharged recovered. She has lived at home, and has taken care of her house for the past five years.

The other case presents many similar features.

S. B., female, aged 25 years, was admitted to the Eastern Michigan Asylum in October, 1879. Her parentage was healthy and free from mental disease. Her father had been intemperate. Her insanity had developed slowly and was ascribed to over-fatigue in nursing a sick child three years before. She suffered at first from nervous prostration with hysterical symptoms, and gradually became restless, excited and maniacal. Nine months prior to her admission she had been placed in an asylum in the city of Detroit because of an attack of noisy mania, and remained seven months, but was finally removed to a lying-in hospital to be confined. Twelve days after the birth of her child she was brought to the asylum at Pontiac as above mentioned, and was then loquacious, excited, incoherent, noisy and violent. For weeks, months and years her condition went from bad to worse. She became very destructive, dangerously violent, degraded and apparently demented, and all hope of recovery was abandoned. When visited by her relatives she paid no attention to them, and had no appreciation even of the presence of her children. In the spring of 1885

she suddenly began to improve. In April she was visited by a sister, whom she readily recognized, and with whom she conversed pleasantly without displaying any delusions. Her mind seemed weak, and she was confused and childish. She gained in mental vigor, and by June was able to write connected letters and to engage in conversation in a natural manner. The occurrences of the past five years were a blank, and she could not be induced to believe that she had been in the asylum more than a year. She had no recollection of former attendants or fellow patients, and seemed like a person who had awakened from a profound sleep. In August, 1885, she was removed convalescent by a brother, and has since resided at home. At the time she left the asylum she had little appreciation of the gravity of her disease. It is true that she entertained pleasant feelings towards the asylum and its officers, and was grateful for what had been done for her, but there was present a degree of restlessness and desire for change, which I have always associated with the stage of convalescence rather than of complete recovery. A return of her disease at some future time is not improbable. Mental derangement had existed in this case fully seven years. In neither of the above cases was a favorable prognosis warranted until within a few months of her discharge, and with equal force in the light of the termination it may be said that an unfavorable prognosis was no more warranted.

In this connection the question arises how soon we may consider general paresis and other forms of grave disease beyond all hope of recovery. I formerly thought that when a patient had developed paretic seizures I was justified in giving a certificate of probable incurability to Health Associations and Life Insurance

Companies, when these organizations were lacking in permanency and financial stability, and it seemed probable that dependent relatives would ultimately secure nothing unless a speedy settlement was had on the basis of a presumably fatal termination of the disease. In one case however under my care a patient made a recovery after paretic seizures had occurred and has been able to maintain himself at home by his own labor for several years past. In "primary monomania" or paranoia, the stage of "transformation" so-called, when the delusions of persecution yield to dominant delusions of exaltation, marks the limit of curability. In mania, melancholia or epilepsy, the development of dementia negatives the hope of cure, but does not forbid the possibility that composure and self-control may finally be re-established to such a degree that the patient can ultimately reside outside of an asylum. It is frequently impossible to differentiate "melancholia with stupor" from dementia. All asylum physicians can doubtless recall cases when the former condition has been regarded as dementia and have given an unfavorable prognosis which was not verified by the subsequent history of the case. I am of the opinion that all cases of so-called acute dementia are really cases of melancholia with stupor. The former term is misleading and unsatisfactory, and fails in every case to describe the exact condition present. The form of mental disease considered as an entity, and not its mere external manifestation as mania, melancholia or apparent dementia after all, generally determines the question of curability. For this reason, as has been well said by Dr. Clouston, the clinical classification introduced by Dr. Skae and modified by more recent observers is of great service in prognosis. According to this it may be asserted generally that mental derange-

ments which do not have an origin in constitutional diseases like phthisis, cancer, Addison's disease, Bright's disease, tertiary syphilis, and organic brain disease, or in defects of brain constitution, instabilities of nervous organization or states of mental degeneration like the hysterical, epileptic or pubescent insanities are generally curable. Perhaps a word of explanation as to an unfavorable prognosis in pubescent insanity may not be out of place. In my experience most cases of recurrent, circular or periodic insanity have their origin at puberty, and are due to an original unstable state of the nervous system, as is shown by the mental failure which follows an attempt to take on the second stage of physical and mental development. The inherent vice of the constitution is so great, the mental faculties yield to the first strain which is put upon them. The partial recovery which follows is rarely a complete restoration, and a vicious cycle of depression and exaltation, excitement and stupidity is established. Hence pubescent insanity is generally an evidence of a degeneration which is congenital, and from its nature incurable. Among this class of cases rapid recoveries and speedy relapses are found to occur. The mind has no tenacity, no fibre, and can not hold a condition of health or disease long. The apparent health is a sham, and the apparent disease is not continuous. The delusions do not become systematized, and the morbid manifestations are those of depression, purposeless excitement or moral perversion.

The permanency of a recovery depends upon the original mental constitution of the individual, his hereditary tendency to mental disease, his degree of mental discipline, his habits as to labor, excess or mental strain, his ability to guard himself from disturbing influences, the form of disease from which he suffered, and last but

not least, his home surroundings and domestic relations. If there is a defect or deficiency in any wide-reaching mental characteristic, or an untoward element in any relation in life, the chances of future relapses are largely increased; in some instances a repetition of the calamity is inevitable. A lack of permanency in the recoveries of persons possessing a neurotic organization is no just ground of reproach to the alienist, because similar morbific influences acting upon a defective or susceptible organization are as competent to produce a second attack of insanity, as a first. If the course of every patient after he left the asylum could be wisely controlled, or if his home surroundings could be made ideally perfect, there would be fewer second attacks and imperfect recoveries. Like the "crooked man" in the nursery rhyme, who got a "crooked" wife and lived "crookedly" thereafter, the neurotic man instinctively marries a neurotic wife, lives in a neuropathic way, engages in a neuropathic occupation, and logically develops a second, third, fourth and (if he lives in Massachusetts) possibly a twelfth attack of insanity. The relapse of such a patient is no discredit to the alienist physician. To cure him at all, to say nothing of twice, thrice or more times, is a triumph of scientific skill under the circumstances.

How soon should a patient be discharged from the asylum? As soon as he is natural in manner, free from irritability or restlessness, and is unaffected mentally by bodily infirmities and slight ailments. If a female of proper age menstruation should be re-established in a normal manner. He should neither be depressed nor elated. He should feel kindly towards his friends and towards the asylum. There should be no radical changes in his religious beliefs, his political affiliations or his social aims. Above all, there should

be an entire freedom from moral perversion. The "facile, easy liar," developed by successive attacks of recurrent mania or by circular insanity, ought never to be classed with recovered patients, no matter how skilfully delusions and eccentricities of conduct may be concealed. The moral perversion points to a hidden intellectual derangement and an abnormal brain action.

Are we justified in keeping patients continuously under treatment until they fully meet the above requirements? Yes, or at least until it is demonstrated beyond a doubt that further asylum treatment is not likely to be of permanent benefit. When asylum treatment fails, it is then advisable to try the effect of an experimental removal. In some instances actual contact with the world, and the renewal of home associations will suffice to remove symptoms which could not be successfully combated in the asylum.